

## Appendix

☐ Claim(s) denied for an eligibility-related explanation of benefits (EOB) code.  
Claim # \_\_\_\_\_ originally processed on the Remittance and Status (R/S)  
Report # \_\_\_\_\_ dated \_\_\_\_\_ (attach R/S and, if  
available, a copy of the transaction printout [if eligibility was verified using the magnetic stripe card reader] or the  
transaction log number [if eligibility was verified using the Automated Voice Response system], or a copy of a paper  
temporary or Presumptive Eligibility card).

☐ Nursing Home Level of Care/Liability Amount Changes.  
Claim # \_\_\_\_\_ originally processed on R/S # \_\_\_\_\_  
dated \_\_\_\_\_ (R/S attached).  
New level of care \_\_\_\_\_  
New liability amount \_\_\_\_\_

☐ Retroactive Recipient Eligibility for Medicaid (attach appropriate documentation for retroactive period, if available).

☐ Retroactive Eligibility for General Relief.

☐ Other Insurance/Medicare Recoupment (recoupment dated \_\_\_\_\_ attached).

☐ Medicare Denial or Reconsideration (reconsideration dated \_\_\_\_\_ attached).

☐ Medicaid Reconsideration.  
Claim # \_\_\_\_\_ originally processed on R/S  
# \_\_\_\_\_  
dated \_\_\_\_\_ attached.

☐ Fair Hearing Decision, with signature dated \_\_\_\_\_ (complete copy attached).

☐ Court Order, with signature dated \_\_\_\_\_ (complete copy attached).

III. \_\_\_\_\_

Provider Signature	Date
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Late Billing Appeals Unit  
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